

**Coeur d'Alene T.E.R.O. – Job Bank Application**  
**850 A Street, P.O. Box 408**  
**Plummer, ID 83851-0408**

(208) 686-6107 - T.E.R.O. Compliance Officer  
(208) 686-7021 - T.E.R.O. Assistant/Dispatch Officer  
(208) 686-0734 - Office Fax

**THE COEUR D'ALENE T.E.R.O. IS AN INDIAN PREFERENCE EMPLOYER**

Name: \_\_\_\_\_ Sex: Male / Female  
LAST FIRST MI Please Circle

Mailing Address: \_\_\_\_\_  
P.O. BOX or STREET CITY STATE ZIP CODE

Phone #: \_\_\_\_\_ Cell # or Msg. #: \_\_\_\_\_ SS#: \_\_\_\_\_

Are you an enrolled member of a Federally Recognized Tribe? YES ☐ NO ☐

Tribe Enrolled: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Is your spouse enrolled or are you a descendant of an enrolled member? YES ☐ NO ☐

Spouse's Enrollment #: \_\_\_\_\_

Are you a citizen of the U.S.? YES ☐ NO ☐ Are you at least 18 years of age? YES ☐ NO ☐

**Employment Desired:**

Position(s): \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? YES ☐ NO ☐

May we contact your present employer? YES ☐ NO ☐

Do you have a VALID Driver's License? (Please provide a legible copy) YES ☐ NO ☐

Do you have a CDL License? (Please provide a legible copy) YES ☐ NO ☐

Do you have a current 1<sup>st</sup> Aid/CPR Card? (Please provide a legible copy) YES ☐ NO ☐

Do you have a current Flagger's Card? (Please provide a legible copy) YES ☐ NO ☐

Do you have DEPENDABLE transportation? YES ☐ NO ☐

Are you willing to commute or relocate? YES ☐ NO ☐

Do you have any physical limitations? YES ☐ NO ☐

If yes, please describe your limitations? \_\_\_\_\_

Please provide the names of three (3) persons, **NOT RELATED** to you, whom you have known for at least one (1) year:

NAME: _____	PHONE NUMBER: _____	YEARS KNOWN: _____
NAME: _____	PHONE NUMBER: _____	YEARS KNOWN: _____
NAME: _____	PHONE NUMBER: _____	YEARS KNOWN: _____

**STOP HERE IF YOU ARE SUBMITTING A RESUME' BE SURE TO SIGN/DATE THE BACK OF APPLICATION**

**THIS SPACE FOR OFFICIAL USE ONLY:**

PLEASE FILL IN THE TOTAL MONTHS (MOS) OR YEARS (YRS) THAT YOU HAVE WORKED IN EACH FIELD

**A. EQUIPMENT OPERATOR**

DOZER MOS ( ) YRS ( )  
LOADER MOS ( ) YRS ( )  
SCRAPER MOS ( ) YRS ( )  
CRANE MOS ( ) YRS ( )  
OILER MOS ( ) YRS ( )  
DRILLER MOS ( ) YRS ( )  
BLADE MOS ( ) YRS ( )  
ROLLER MOS ( ) YRS ( )  
BACKHOE MOS ( ) YRS ( )  
COMBINE MOS ( ) YRS ( )  
TRACTOR MOS ( ) YRS ( )  
TRUCK DR. MOS ( ) YRS ( )  
SURVEYOR MOS ( ) YRS ( )  
OTHER: \_\_\_\_\_ MOS ( ) YRS ( )

**B. LABORER** MOS ( ) YRS ( )

**C. FLAGGER** MOS ( ) YRS ( )  
TCS MOS ( ) YRS ( )  
TCM MOS ( ) YRS ( )

**D. BUILDING TRADES**

CARPENTER MOS ( ) YRS ( )  
FRAMER MOS ( ) YRS ( )  
PLUMBER MOS ( ) YRS ( )  
ELECTRICIAN MOS ( ) YRS ( )  
PAINTER MOS ( ) YRS ( )  
CEMENT MASON MOS ( ) YRS ( )  
FLOORING MOS ( ) YRS ( )  
INSULATION MOS ( ) YRS ( )  
IRON WORKER MOS ( ) YRS ( )

WELDER MOS ( ) YRS ( )  
MECHANIC MOS ( ) YRS ( )  
OTHER: \_\_\_\_\_ MOS ( ) YRS ( )

**E. CLERICAL**

WORD PROCESS MOS ( ) YRS ( )  
DATA PROCESS MOS ( ) YRS ( )  
BOOK KEEPER MOS ( ) YRS ( )  
RECEPTIONIST MOS ( ) YRS ( )  
TYPIST/WPM: \_\_\_\_\_ MOS ( ) YRS ( )  
FILING MOS ( ) YRS ( )  
SHORTHAND/WPR: \_\_\_\_\_ MOS ( ) YRS ( )  
OTHER: \_\_\_\_\_ MOS ( ) YRS ( )

**F. FORESTRY**

SAWYER MOS ( ) YRS ( )  
SCALER MOS ( ) YRS ( )  
THINNER MOS ( ) YRS ( )  
PLANTER MOS ( ) YRS ( )  
FORESTRY AID MOS ( ) YRS ( )  
OTHER: \_\_\_\_\_ MOS ( ) YRS ( )

**G. FOOD SERVICE**

COOK MOS ( ) YRS ( )  
WAITRESS MOS ( ) YRS ( )  
OTHER: \_\_\_\_\_ MOS ( ) YRS ( )

**H. PROFESSIONAL SERVICES**

TEACHER MOS ( ) YRS ( )  
HOME HEALTH CARE MOS ( ) YRS ( )  
COUNSELOR MOS ( ) YRS ( )  
OTHER: \_\_\_\_\_ MOS ( ) YRS ( )

**OTHER EXPERIENCE OR SPECIAL SKILLS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR MISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT ON MY WAGES AND SALARY, BE TERMINATED AT ANY TIME. I UNDERSTAND THAT I MUST HAVE A CURRENT CDA JOB BANK APPLICATION ON FILE AND SIGN IN ON THE T.E.R.O. JOB BANK LIST ON A WEEKLY BASIS, REGARDLESS IF I AM EMPLOYED OR NOT IN ORDER TO REAMIN ACITVE. I UNDERSTAND THAT MY APPLICATION IS KEPT ON FILE FOR ONE (1) YEAR FROM THE DATE THAT I SIGN THIS APPLICATION. I AM SUBJECT TO THE COEUR D'ALENE TRIBAL LAW AND ORDER CODE, CHAPTER 41: T.E.R.O.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**In Case of Emergency, Please Notify:** \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_